

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8		1		1		
9	/		/			
10	/		/			
11		2		2		
12	/		/			
13		1		1		
14	/		/			
15		1		1		
16	/		/			
17	/		/			
18	/		/			
19		1		1		
20		0		1		
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TOTAL IND.	14	↓	14	↓		↓
TOTAL DEP.	9	←	32	←		←
TOTAL CLAIMS	23		46			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						